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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/648,183
		Filing Date	August 25, 2003
		First Named Inventor	Byung-Seop HONG
		Art Unit	2823
		Examiner Name	Trung Q. Dang
Total Number of Pages in This Submission	16	Attorney Docket Number	51876P352

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Return receipt postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Steven Laut, Reg. No. 47,736 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 26, 2005

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Jean Svoboda		
Signature		Date	October 26, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known	
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Examiner Name	Trung Q. Dang
Art Unit	2823
Attorney Docket No.	51876P352

METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	23	23 ^{**} = 0	X 50.00	\$0.00
Independent Claims	2	3 ^{**} = 0	X 200.00	\$0.00
Multiple Dependent				

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\\$)	0.00	

***or number previously paid, if greater. For Reissues, see below*

2 ADDITIONAL FEES

Large Entity Small Entity

Fee Description
e filing fee or oath
e provisional filing fee or cover sheet.
ecification
epty within first month
epty within second month
epty within third month
epty within fourth month
epty within fifth month
al
support of an appeal
al hearing
ute a public use proceeding
Commissioner
under 37 CFR 1.17(q)
Information Disclosure Stmt
ation after final rejection (37 CFR § 1.129(a))
onal invention to be examined (37 CFR § 1.129(b))

Fee Paid

Other fee (specify)

SUBTOTAL (2)

(S)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Steven Laut	Registration No. (Attorney/Agent)	47,736	Telephone	(310) 207-3800
Signature				Date	10/26/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Attorney Docket No. 051876P352

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Patent Application of:

Byung-Seop Hong

Serial No. 10/648,183

Filed: August 25, 2003

**METHOD FOR RELEASING STRESS DURING
SEMICONDUCTOR DEVICE FABRICATION**

Examiner: Trung Q. Dang

Art Unit: 2823

Mail Stop Amendment
Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

In response to the Office Action mailed July 26, 2005, regarding the above-referenced application, Applicant respectfully requests entry of the amendment set forth below in consideration of the remarks that follow.